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JUL 15 2004

OFFICIAL26522 La Alameda Avenue, Suite 360
Mission Viejo, California 92691
tel: (949) 282-1000
fax: (949) 282-1002**FACSIMILE TRANSMISSION COVER SHEET****Date:** July 15, 2004**To:** United States Patent and Trademark Office
Examiner: Li, Aimee J.; Art Unit: 2183**Fax:** (703) 872-9306**Re:** **Application Serial No.: 09/730,039**
Filing Date: 12/5/2000; First Named Inventor: Moataz Mohamed
Attorney Docket No.: 00CON102P**From:** Farjami & Farjami LLP**Number of pages including the cover sheet:** 11**Message:**Enclosed please find the Amendment Cover Sheet and Response to the Final Office
Action dated May 18, 2004.

Thank you.

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Attorney Docket No.: 00CON102P

AMENDMENT COVER SHEET**OFFICIAL**IN RE APPLICATION OF: Mohamed, et al.SERIAL NO.: 09/730,039 FILED: December 5, 2000FOR: Apparatus and Method for an Improved Performance VLIW ProcessorMail Stop AF
HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:
- ☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

- ☐ TOTAL EXTENSION FEE \$ 0.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	27	MINUS **28	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.


Attorney Docket No.: 00CON102P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 00.00 (Payment by Credit Card. Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

7/15/04

By:


Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

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Signature

Susan Hanson

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Susan Hanson

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

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Attorney Docket No.: 00CON102P

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In re Application of: **Mohamed, et al.**

Serial No.: 09/730,039

Filed: December 5, 2000

For: **Apparatus and Method for an Improved
Performance VLIW Processor**

Art Unit: 2183

Examiner: Li, Aimee J.

RESPONSE TO FINAL OFFICE ACTION

Mail Stop AF
Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final Office Action* dated May 18, 2004 in the above-referenced patent application. Please enter and consider the following remarks.